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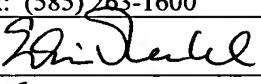
(to be used for all correspondence after initial filing)

		Application Number	10/053,088
		Filing Date	January 18, 2002
		First Named Inventor	Graham J.H. Melrose
		Group Art Unit	1751
		Examiner Name	Preeti Kumar
Total Number of Pages in This Submission	2	Attorney Docket Number	2354/141 (FF34527/02)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply (\$_____)	<input type="checkbox"/> Declaration and Power of Attorney	<input checked="" type="checkbox"/> Appeal Communication to Group (\$250.00) (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition (\$_____)	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (\$285.00)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement (\$_____)	<input type="checkbox"/> Terminal Disclaimer (\$_____)	<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Check in the amount of \$535.00
<input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	February 27, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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2/27/06

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Laura L. Trost

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PATENT
Docket No.: 2354/141 (FF34527/02)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Melrose et al.) Examiner: Preeti Kumar
Serial No. : 10/053,088)
Cnfrm. No. : 6479) Art Unit:
Filed : January 18, 2002) 1751
For : ANTIMICROBIAL POLYMERIC)
COMPOSITIONS AND METHODS OF)
TREATMENT USING THEM)

**NOTICE OF APPEAL AND
REQUEST FOR EXTENSION OF TIME FOR THIRD MONTH**

Mail Stop AF
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Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated August 25, 2005, finally rejecting claims 1-13 and 15-47.

Applicants hereby request an additional extension of time of one month from the two-month extended deadline of January 25, 2006. A two-month extension of time fee (\$225.00) was submitted with the Amendment filed on January 25, 2006. The fee for a three-month extension of time is \$510.00. Accordingly, a check to cover the \$285.00 extension of time fee for the third month is enclosed (three-month extension of time fee minus amount paid for the two-month extension of time).

Enclosed herewith is a check in the amount of \$535.00 to cover the \$250.00 appeal fee and the \$285.00 extension of time fee.

Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

03/02/2006 DEMMANU1 00000040 10053088

Respectfully submitted,

01 FC:2401
02 FC:2253

250.00 DP
285.00 DP

Date: February 27, 2006

Edwin V. Merkel
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2/27/04 | *Laura L. Trost*
Date | Laura L. Trost